



Artist in the Classroom

Teacher Feedback Form

School Year 2013-2014

Name:

Date:

Project Title:

School:

Artist:

Grade:

Number of Students Served:

1. Did the lesson integrate a state standard such as language arts, math, social studies, or science?

No ☐ Yes ☐ If yes, please select:

Arts ☐ Math ☐ Language Arts ☐ Social Studies ☐ Science ☐

How were academics integrated?

2. Please check the category that best describes the lesson and add comments.

Exceptional ☐ Successful ☐ Average ☐ Poor ☐

3. Describe the highlights of this lesson.

4. On a scale from 1 to 10, 10 being the highest, how actively engaged were the students?
What could be improved for future lessons?

5. Please add a testimonial regarding your experience with the Artist in the Classroom program.

6. Please use an additional page including quotes from the students. Have them talk about their experience with the project and include their full names and ages. Thank you!